PTO/SB/83 (01-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/798,727	
Filing Date	March 11, 2004	
First Named Inventor	Moriey et al.	. ]
Art Unit	3739	
Examiner Name	Unassigned	
Attorney Docket Number	017516-008120US	

To: Commissioner for Patents Washington, DC 20231						
I hereby apply to withdraw as attorney or agent for the above identified patent application.						
The reasons for this re	quest are: At the request of the client.					
1.  The corresponde	nce address is NOT affected by this wi	thdrawal				·
2.    Change the corre	spondence address and direct all future	e corres	condence to:			
Customer Number	CORRESPONDENCE	ADDRES	s -	Place Cu Bar Code		
OR ·			· L			
Firm or Individual Name	Frank Nguyen, Vice President & General C	Counsel	(E-mail	l: Frank.Ngu	yen@in	itusurg.com)
Address	Intuitive Surgical, Inc.					_
Address	950 Kifer Road					
City	Sunnyvale	State	CA		ZÎP	94086
Country	USA					
Telephone	(408)-523-2129	Fax	(408)-523-139	0		
This request is made on behalf of myself and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 20350						
This request is enclosed in triplicate (including any attachments).						
Name Mark D. Barrish, Reg. No. 38,443, Toygnsend and Townsend and Crew, LLP						
Signature MLD J B J						
Date 3/28/05						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

if you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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_	CORRESPONDENCE /	ADDRES	j riace ou		
Customer Number		-	Ber Code	Label he	≱re
OR			<u> </u>		
Firm or Individual Name	Frank Nguyen, Vice President & General C	Counsel	(E-mail: Frank.Ngu	yen@in	itusurg.com)
Address	Intuitive Surgical, Inc.				
Address	950 Kifer Road				
City	Sunnyvale	State	CA	ZIP	94086
Country	USA				
Telephone	(408)-523-2129	Fax	(408)-523-1390		
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the attorneys/agents associated with Customer Number 20350					
This request is enclosed in triplicate (including any attachments).					
Name Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP					
Signature Mul J B J					
Date 3/2	8/05				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal					

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REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

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Application Number	10/798,727	
Filing Date	March 11, 2004 ·	
First Named Inventor	Morley et al.	
Art Unit	3739	
Examiner Name	Unassigned	
Attorney Docket Number	017516-008120US	

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Customer Number				Bar Code Lai	bel here	,
OR			<u> </u>	<del></del>		
Firm or Individual Name	Frank Nguyen, Vice President & General	Counsel	(E-mail: Fr	ank.Nguyer	n@intu	surg.com)
Address	intuitive Surgical, Inc.			-		
Address	950 Kifer Road					
City	Sunnyvale .	State	CA	z	IP 9	94086
Country	USA					
Telephone	(408)-523-2129	Fax	(408)-523-1390			
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This request is enclosed in tri	plicate (including any attachments).					
Name Mark D. Barrish	, Reg. No. 36,443, Toynsend and Townser	nd and Cre	w, LLP	•		
Signature //L	109					
Date 3/2	8/05					
NOTE: Withdrawal is effective who	en approved rather than when received. Unless eriod for response or possible extension period, to	there are a	t least 30 days betwee to withdraw is normally	en epproval of disapproved.	f withdn	swai

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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210	<u> </u>	Application Number	10/	798.727 D17087D1
/ O YR	ANSMITTAL	Filing Date	Ma	rch 11, 2004
/ 445	F <b>G</b> RM	First Named Inventor	Mo	orley et al.
Legal 31	205 🗒	Art Unit	373	39
go be used for	all correspondence after initial filing	Examiner Name	Uni	assigned
Total Company	Bases in This Submission	Altorney Docket Num	ber 017	7516-008120US
3446				
	-	ENCLOSURES (Che	ck all that apply	After Allowance Communication to TC
Fee Tran	smittal Form	Drawing(s)		🖳 🗀 🗆 🗆
F	ee Attached	Licensing-related Paper	ers	Appeal Communication to Board of Appeals and Interferences
Amendme	ent/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
	fler Final	Petition to Convert to a		Proprietary Information
		Provisional Application  Power of Attorney, Rev Change of Correspond	ocation	Status Letter
	ffidavits/declaration(s)	Change of Correspond	ence Address	Other Enclosure(s) (please identify
===	of Time Request	Terminal Disclaimer		below): Return Postcard
Express /	Abandonment Request .	Request for Refund		Return Postcard
Informatio	on Disclosure Statement	CD, Number of CD(s)		
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Applicatio	eply to Missing Parts	•		·
	nder 37 CFR 1.52 or 1.53	•		
		·		
	SIGNAT	URE OF APPLICANT, A	ATTORNEY, C	OR AGENT
Firm Name	Townsend and Towns	end and Crew LLP		•
Signature	1111	0 1		
orginature .	1/40	15 Y		
Printed name Mark D. Barrish				
Date	2/0/		Reg. No.	25.442
3/78/05 Reg. No. 36,443				
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.				
Signature	109			
Tuned or printed	name Tiffany Wu		****	Date - 1 - 1 -